

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/24/05

2 Serial/Patent # 10/578650

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input checked="" type="checkbox"/> Other <u>Search fee adjustment</u>				\$ <u>100</u>
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
		8 TO BE REFUNDED BY:		
		<input type="checkbox"/> Treasury Check		
<input checked="" type="checkbox"/> Overpayment		<input type="checkbox"/> Credit Deposit A/C #:		
<input type="checkbox"/> Duplicate Payment		9		_____
10 REASON:				
<input checked="" type="checkbox"/> Overpayment				
<input type="checkbox"/> Duplicate Payment				
No Fee Due (Explanation): <u>Credit Card Refund</u>				

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Kayla Lewis

TITLE: Paralegal

SIGNATURE: Kayla Lewis

PHONE: (703)308-9110

OFFICE: 00/00

ext 202

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B